**FEC** 

## **STATEMENT OF**

| FORM 1                        | ORGANIZATION   |                                       |  |
|-------------------------------|--|---------------------------------------|--|
| 1 Offile 1                    | (See instructions)   |                                       | Office use only                            |
| NAME OF COMMITTEE (in         | full) (Check if name Example: If t over the lines                | typying, type 12FE4M5                 |  |
| DIANNE COS                    | TA FOR US CONGRESS   |                                       |  |
|                               |  |                                       |  |
| ADDRESS (number and           | street) 6101 Long Prairie Road                                   |                                       |  |
| (Check if address is changed) | Sujte 744-375  |                                       |  |
|                               | Flower Mound   | <b>TX</b> _                           | 75028                                      |
|                               | CITY▲  | STATE▲                                | ZIP CODE 📥                                 |
| COMMITTEE'S E-MA              | IL ADDRESS (Please provide only one e-mail address)              |                                       |  |
| (Check if address is changed) | s dianne@costa4congress.com                                      |                                       |  |
|                               |  |                                       |  |
| COMMITTEE'S WEB               | PAGE ADDRESS (URL)   |                                       |  |
| (Check if addres              | www.diannecostaforcongress.com                                   | 1                                     |  |
| is changed)                   |  |                                       |  |
|                               |  |                                       |  |
| 2. DATE <b>0</b> 7            | M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                        |                                       |  |
| 3. FEC IDENTIFICA             | ATION NUMBER C C0049490  | 16                                    |  |
| 4. IS THIS STATE!             | MENT X NEW (N) OR AM   | MENDED (A)                            |  |
| I certify that I have exam    | ined this Statement and to the best of my knowledge and belief i | t is true, correct and complete       |  |
| ·                             | Down and D. Daharda Co.  | ·                                     |  |
| Type or Print Name of         | Treasurer Raymond D Roberts Sr.                                  |                                       |  |
| Signature of Treasure         | Raymond D Roberts Sr.  | Date 07                               | 7 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| NOTE: Submission of fa        | alse, erroneous, or incomplete information may subject the perso |                                       |  |
| Office                        |  | ther information contact:             |  |
| Use                           | Federal  | Election Commission<br>e 800-424-9530 | FEC FORM 1<br>(Revised 02/2009)            |